| MI | SSC | DURI | DI' | VIS | ION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-006076 |
|------------------|------------|----------|-----------|---------------|--|
| E | | MENDE | · [| R | gistration District No |
| <u>-</u> | <u> e</u> | 11 | | ¬ | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO b. COUNTY DUNKLIN admission) |
| | TE AMENDED | | | _ | b. CITY (If outside carporate limits, give TOWNSHIP only) OR Length of stay in 1b C. CITY OR Inside Limits |
| | | | | _ | C FILL NAME OF 115 NOT in hornital give location) Inside Limits d STREET 115 quirid give location) Inside Limits d STREET |
| 2 | DAT | \dashv | 4 | _ | HOSPITAL OR INSTITUTION DUNKLIN MEMORIAL HOSP Yes TO No DECATUR NAME OF DECEASED First Middle Lest 4. DATE Month Day Year |
| - | | | 1 | Ì | MOLLIE BROWN MONTGOMERY DEATH FEB. 22 1962 |
| - | | | | | SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR 1F UNDER 24 HR WHITE Widowed R Divorced 2-6-1894 68 Yrs. |
| - | | | | 10 | USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life even if refired) ETIRED TELEPHONE EMPLOYEE ESSEX. MO. U.S.A. |
| — FOLOW | | | | | FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE |
| AS F | OF OF | | | 15 | a right of unknown) if if yes give wer as detectof service |
| FCOPD APE | | | Z | | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: |
| | | | DOCUMENT | | IMMEDIATE CAUSE (a) Coronary Manulasia immediate |
| THIS RECK | ا تنرا | | DOG | | Conditions, if any, which gave rise to above cause (a), stating the under- |
| _ | , , | | | NO | Iying cause last. J DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. (a) 1 PART III. If deceased was female was there a pregnancy in last 90 days. |
| NTS | | | | CERTIFICATION | Hyperterian + orterialelerais (generalized) Vos No Unknown |
| AMENDMENTS | | | 1 | | 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20s. DESCRIBE HOW INJURY OCCURRED. (Enter Asture of Injury in PART I or PART II of item 18.) YES NO DE |
| AME | | | | EDICAL | 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. |
| | | | | 2 | 20d. INJURY OCCURRED WHILE AT WORK 100 |
| | READ | | | | 21. I attended the deceased from 1959, to Feb 21, 1962 and last saw her elive on Feb 21, 1962 |
| | SHOULD | | | | Death occurred at 11:800 A m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. AGDR/SS 22c. DATE SIGNED |
| | SHO | | VITO | | C. K Jeck m. W. Kennett No 2/23/62 |
| | Š. | | AFFIDAVIT | | BURIAL 2-23-62 ESSEX ESSEX, MO. |
| | TEM | | 3√ AF | 24 | FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE. |
| 1 | I_ I | 1 1 | 1- | ען | Y & KNIGHT F, S. MALDEN, MO. 2-2x-1962 (Licensed Embalmer's Statement on Reverse Side) |

STATEMENT BY LICENSED EMBALMER

| or by | , Student Embalmer No |
|--|---|
| working under my personal supervision. | signed & Milyuman |
| StudentSignature of Student Embalmer | _ Signed \\ \ / / / / / / / / / / / / / / / / / |
| Signature of Student Embanner | Licensed Embelmer No |
| | P. O. Address Malden |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.